

# **Travel & Expense Account Summary**

Employee Name                      Lynn Daucher  
Expense Dates                      04/02/09-04/20/09  
Report Name                        Dir April 09 cx

Request Total \$     358.40  
Direct Charge Total -     0.00  
Travel Advances     0.00  
Net Due Employee = **358.40**

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	April 2009 r	358.40

DATE	Thu Apr 2	Fri Apr 3	Fri Apr 10	Mon Apr 13	Fri Apr 17	Mon Apr 20				TOTAL
Commercial Air Fare	102.60					59.60				162.20
Mileage, Personal Auto	15.95	69.30	68.75		8.25	15.95				178.20
Parking, Auto				9.00		9.00				18.00
<b>TOTALS \$</b>	<b>118.55</b>	<b>69.30</b>	<b>68.75</b>	<b>9.00</b>	<b>8.25</b>	<b>84.55</b>				<b>358.40</b>

**See Instructions and \*Privacy Statement On Reverse Side**

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CLAIMANT'S NAME <b>Daucher, Lynn</b>			SSAN OR EMPLOYEE NUMBER*		DEPARTMENT <b>CA Department of Aging</b>	
POSITION <b>DIRECTOR</b>		CB/ID NUMBER	DIVISION OR BUREAU <b>Directorate</b>			INDEX NUMBER
RESIDENCE ADDRESS [REDACTED]			HEADQUARTERS ADDRESS <b>1300 National Drive, Ste 200</b>			TELEPHONE NUMBER <b>916-419-7500</b>
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY <b>Sacramento, CA</b>			STATE <b>CA</b>
						ZIP CODE <b>95834</b>

(1) MONTH/YEAR		(3)	(4)	(5) MEALS		(6)	(7) TRANSPORTATION							(8)	(9)
4	2009	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDENTALS	(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS PARKING	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
(2) DATE	TIME										MILES	AMOUNT			
7	0630	Sacramento to Pleasant Hill													
	1230	and return							SC			139	N/A(SC)		
22	0930	Sacramento to Oakland and													
	1500	return							SC			179	N/A(SC)		
<b>SUBTOTALS</b>												318			
<b>COLUMN CODE (ACCTG USE ONLY)</b>															
<b>CLAIM TOTAL</b>															

warning - mileage total at right may contain SC miles->

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required) 4/7-JFK University-Elder Law; 4/22-Oakland Senior Center	(12) NORMAL WORK HOURS																																																
	(13) PRIVATE VEHICLE LICENSE NUMBER																																																
	(14) MILEAGE RATE CLAIMED																																																
<table border="1"> <thead> <tr> <th colspan="8">CALSTARS CODING</th> </tr> <tr> <th>FY</th> <th>INDEX</th> <th>OBJ</th> <th>AG</th> <th>PCA</th> <th>AMOUNT</th> <th>PROJ-WP</th> <th></th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	CALSTARS CODING								FY	INDEX	OBJ	AG	PCA	AMOUNT	PROJ-WP																																		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NO.
CALSTARS CODING																																																	
FY	INDEX	OBJ	AG	PCA	AMOUNT	PROJ-WP																																											
(15) I HEREBY CERTIFY That the above statement is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.																																																	

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE, OFFICER APPROVING TRAVEL EXPENSE	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See Item 17 in instructions)			DATE

17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See item 17 in instructions)

DATE \_\_\_\_\_